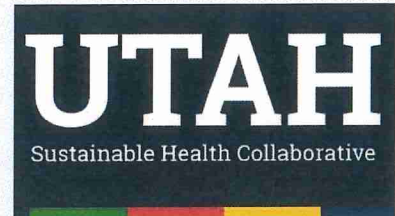


Utah Sustainable Health Collaborative

A vision for Utah's future of health



The Cox-Henderson administration, as part of the One Utah Roadmap Value-Based Care initiative, released a call-to-action to the healthcare community in Utah. They asked that a new public-private collaborative entity comprised of community, employer, healthcare, and patient advocates be organized that would lead, collaborate, and support the innovation of Utah's payments and care delivery. This private-public partnership will aim to do what no one organization can do on their own: enact the kind of action to drive system-wide change.

THE PROBLEM

- Curbing the growth of healthcare costs is an economic imperative. Over the next decade, outsized rising healthcare costs will stunt Utah's economic growth as it constrains employer profits, decreases employee wages, and crowds out other state spending priorities.
- Medicaid spending roughly doubled as a % of the state General Fund from FY1998 to FY2020. At such a significant share of the state budget, it becomes increasingly imperative to control costs in the state Medicaid program to promote and address other critical state priorities, such as education, transportation, and general government operations.
- Utah health outcomes are declining and uneven, and the traditional healthcare payment system is not designed to incentivize keeping people healthy and delivering coordinated care.

GOAL:

Utah will be a national leader in high-quality, low-cost, innovative health care delivery that centers around improving the *health* of all Utahns.

METRIC:

By 2027, healthcare costs as a % of GDP will not grow above total GDP growth with outcomes remaining constant or improving. In the subsequent 10 years, healthcare costs will grow below GDP by .5% or more.

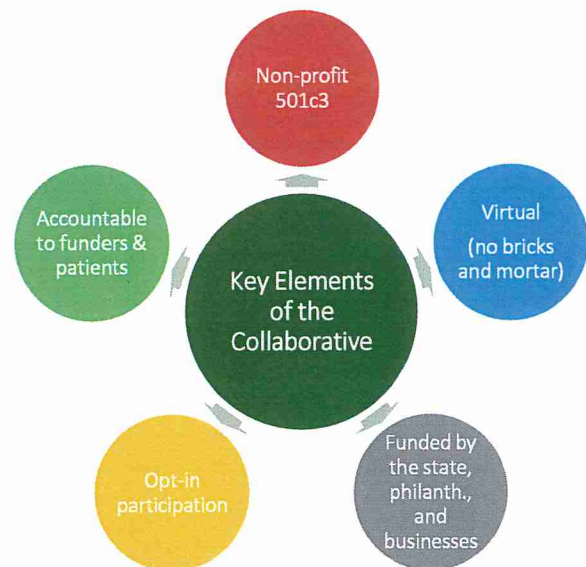
THE COLLABORATIVE WILL SERVE FOUR PRIMARY ROLES:

1. Blueprint to Value: The convener and steward

Under the Utah Sustainable Health Collaborative, Governor Cox will convene key public and private stakeholders to develop a "Blueprint to Value" – a consensus-based, public-private plan that will articulate objectives, set goals, and publicly track progress towards innovating the financial sustainability and health outcomes for our healthcare ecosystem. The Blueprint to Value will be the guiding star for transforming the healthcare system. The Blueprint to Value will serve as a government and community accountability standard for our Utah healthcare delivery investment.

2. Innovation: Pilot demonstration initiatives

The process for starting innovative delivery and payment models is fraught with challenge, risk, bureaucracy, and data limitations, which halt our ability to improve financial and clinical efficiency. Even proven innovations are often not scaled. The public-private collaborative entity would identify and pilot data-driven, value-based demonstration projects to test the efficacy of new delivery and payment models. The pilots would give confidence in value initiatives, reduce risk, acclimate a broad audience of stakeholders in the process of the demonstration, and make adoption more attractive.



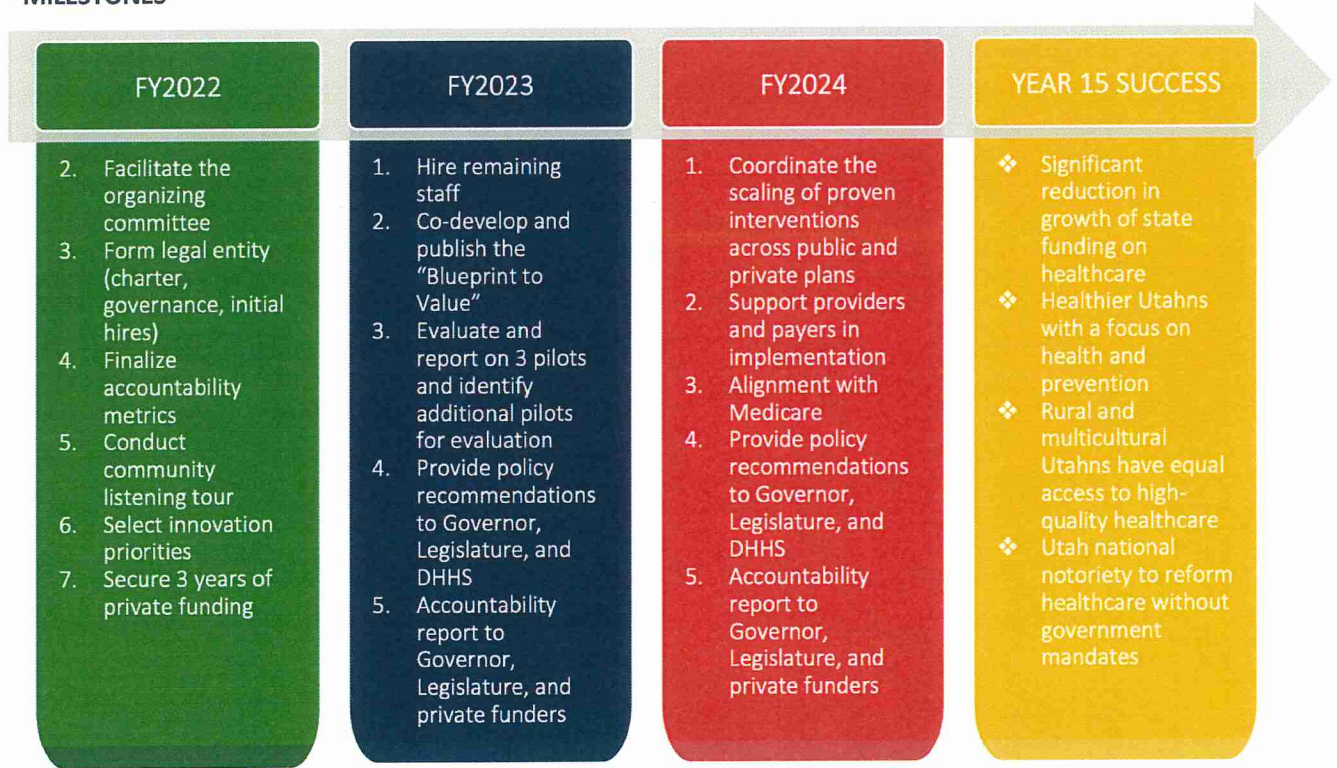
3. Provider Support: Support providers in their transition

A transition to new delivery payment models will require changes to provider work processes, technology systems, staffing constructs, and overall business models while they continue to deliver care. The center can support healthcare providers in their transition to value.

4. Policy Resources: Recommend policy changes and infrastructure

The public-private organization will provide the Governor, state Legislature, and relevant state agencies with recommendations for specific policy changes and public infrastructure investments that will enable the journey to lower cost, higher quality care. This may include the investment in common data assets, transparency initiatives, and changes to increase competition.

MILESTONES



BUDGET OVERVIEW FY2022-FY2024

Expenses by Activity / Objective	FY2022	FY2023	FY2024
Formation (design, convening, listening tour, metrics, legal)	\$650,000	\$130,000	
Accountability metrics and 15-year Plan (measurement infrastructure, research staff, community consensus-building, policy analysis)		\$520,000	\$180,000
Pilot projects (innovation testing and analysis for scaling)		\$2,520,000	\$3,000,000
Sustainability (research grants, fundraising)		\$117,000	\$117,000
Other Collaborative expenses (accounting, management)		\$83,000	\$83,000
Total Expenses	\$650,000	\$3,370,000	\$3,380,000
Revenue by funding source	FY2022	FY2023	FY2024
State	\$650,000	\$1,000,000	\$1,000,000
Private		\$2,370,000	\$2,380,000
Total Revenue	\$650,000	\$3,370,000	\$3,380,000

LINE-ITEM BUDGET FY2022-FY2024

Revenue	FY2022	FY2023	FY2024
State	\$650,000	\$1,000,000	\$1,000,000
Private		\$2,370,000	\$2,380,000
Total Revenue	\$650,000	\$3,370,000	\$3,380,000
Expenses	FY2022	FY2023	FY2024
Payroll, benefits, taxes*	\$28,000	\$1,479,000	\$1,479,000
Innovation pilot support		\$1,150,000	\$1,300,000
Measurement and analysis		\$300,000	\$170,000
Community convening		\$100,000	\$100,000
Professional and technical services**	\$622,000	\$210,000	\$220,000
IT related		\$86,000	\$66,000
Travel and conferences		\$45,000	\$45,000
Total Expenses	\$650,000	\$3,370,000	\$3,380,000

*Anticipated personnel hires (e.g., executive director, clinical advisor, account managers), may vary based on organizing committee recommendations.

**The following activities to support the formation of the collaborative will be facilitated by professional advisory firms.

Facilitate the organizing committee
Design the structure of the organizing committee. Develop and execute the process of nominating, selecting, and inviting approx. 40 committee members to formally participate in the formation of the collaborative.
Prepare for and facilitate bi-weekly executive committee meetings and bi-weekly sub-committee meetings and workgroups including logistics, note taking, executing follow up tasks with supporting research and actions, communications between meetings, ad hoc requests to ensure all deliverables are met.
Formalize governance
Create charter with input from all stakeholders (Legislature, DHHS, patients, employers, hospitals, physicians and other healthcare professionals, insurers, community-based organizations, etc.) to establish governance structure, decision-making process, and participation requirements.
Conduct community listening tour
Develop and execute communications plan to solicit input on development process and keep individuals informed of activities throughout formation.
Conduct up to 10 listening sessions with key stakeholders (e.g., consumers/patients and advocates, employers and brokers, commercial insurers, hospitals, physicians, and other medical professionals), to collect input on priority areas, governance, and accountability. Ensure appropriate representation of rural and smaller entities and minority populations.
Collect and synthesize written comments from general public.
Hold one-on-one meetings to collect input from key thought leaders and influencers including members of the state Legislature and local government officials.
Finalize accountability metrics
Research and evaluation of similar initiatives in others states on methodology, process, and infrastructure required to track and report on quantifiable metrics.
Assessment of current Utah data assets and limitations and how they can be leveraged to enable accurate evaluation of metrics.
Finalization of accountability metrics, identification of resources necessary to improve metric tracking in the future, process for future revisions and enhancements for metrics.
Select health innovation priorities
Evaluate health priorities for the collaborative to focus on, with specific attention to cost drivers affected by social determinants of health and health inequities highlighted over the course of the pandemic.
Survey of national research identifying common cost drivers in health care and proven areas of cost reduction; and cost drivers in the Utah health system.
Inventory of existing or developing innovative pilots and programs in Utah to reduce costs and improve quality. Process includes surveys, primary research to produce a standardized compendium of activities for evaluation of pilots. The programs inventoried will include traditional medical programs and those addressing social determinants of health.